

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial) Herbert V. Kohler Mailing Address 441 Greentree Rd City Kohler State WI Zip Code 53044-1406 FEC ID number of contributing federal political committee. C Name of Employer Kohler Co. Occupation Executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 Transaction ID: 70708.C37882 Amount of Each Receipt this Period 300.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Dr. Warren Marinaccio Mailing Address 1084 A Creeks Cross Rd City Kohler State WI Zip Code 53044 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Dentist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70708.C37940 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Dr. Stephen Massick Mailing Address 852 Mullen Dr City Fond du Lac State WI Zip Code 54935-6436 FEC ID number of contributing federal political committee. C Name of Employer Fond du Lac Clinic Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Transaction ID: 70708.C37989 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)